

Clark County Regional Support Network Policy Statement

Policy No.: CM12
Policy Title: Functional Assessment - Child
Effective Date: September 1, 2001

Policy: CCRSN contracted providers shall use specified level of functioning tools in order to assure medical necessity for service authorization and to facilitate quality improvement activities across the PIHP. Functional assessment tools shall be reviewed, discussed and recommended by the Children's System of Care and Quality Management committees. Tools that are adopted shall be scientifically valid and reliable and generally accepted in community mental health practice.

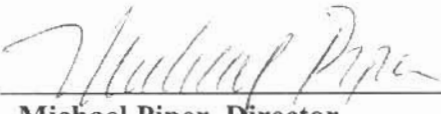
Reference: WAC 388-865, Washington Mental Health Division RSN Contract, Clark County Provider Contract Agreement

Procedure:

1. Providers shall enlist the participation of consumers in the Telesage Consumer Outcome Survey according to the following administration schedule:
 - a) Within 30 days of intake
 - b) Within 3 months of the intake assessment
 - c) Within 6 months of the intake assessment
 - d) Every 6 months thereafter
2. Child mental health professionals shall complete the Global Assessment Scale as part of a DSM-IV diagnosis at intake and at any time a consumer's psychiatric diagnosis is changed for children and youth ages 6-17. The DC03 shall be used for children ages 0-5.
3. Providers shall administer the Behavioral and Emotional Rating Scale (BERS) for all children and youth according to the following administrative procedures:
 - a) Raters (the person who answers the BERS questions) are usually the child's teacher, parent, counselor, close relatives, foster parents, house parents or teacher aides. **The key consideration is that the rater be familiar with the way the child behaves in the environment.** It is recommended that the rater should have known the child for at least several months. There should be consistency in the rater "type" when the BERS is re-administered. For example, if a parent or foster parent completes the initial BERS, then a caregiver should fill out the next BERS also.
 - b) Clinicians should make sure that the rater knows how to respond to the items on the scale. The BERS can be completed by most adults who can read at the sixth grade level. If there is a question of the rater's ability to read the items, the following procedure is

recommended: The clinician should hand a copy of the BERS to the rater, informing the rater that the clinician will read the statements at least twice and then will write down the rater's responses.

4. The open-ended questions are designed to elicit information about the child's strengths, preferences and personal and family resources. Raters should be encouraged to provide as much information as will be useful in working with the child. These responses are not scored, but can be used for treatment planning purposes.
5. The BERS should not be used for children under five (5) years of age, children currently not in school, children who have hearing deficits or children who are mentally retarded. The tool may be used as a reference point in time for any school age child who has a development disability; however, you should use the "mental age," not chronological age. According to the developer of the tool, this will provide an outcome measure for that child only, not as a comparison against other populations.
6. Providers shall make a reasonable attempt to have a BERS tool completed for every child and youth receiving mental health services. Examples of reasonable attempts are:
 - a) Inability to locate consumer/family, termination pending
 - b) Gave BERS to family member to complete and will be returned at next appointment
 - c) Mailed to family; will follow up with a phone call if no response within a few days
7. CCRSN may authorize a child if a BERS score is not available. CCRSN Care Managers will review each request for authorization without a BERS score on an individual basis. A note should be entered on the assessment screen in the MIS indicating why the BERS was not completed.

Approved By: 
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Date: 9-1-09